



# bloomingdale's

## Statement of Fraud

Fraud Investigation Department, 9111 Duke Boulevard, Mason, Ohio 45040-8999

Phone (800) 884-9168

Fax (513) 573-2996

**Account Number:** \_\_\_\_\_

Which account had fraud charges? Macy's ☐ Bloomingdale's ☐ Both ☐

### Section 1: Personal Information

NAME (PRINT)	Home Phone	Cell Phone	Social Security Number
Address		City	State Zip

### Section 2: Secondary Information/Authorized Account Users

NAME (PRINT)	Home Phone	Cell Phone	Social Security Number
Address (if different from above)		City	State Zip

Please list the name(s) and relationship(s) of anyone who is authorized to use this account.

Name:	Relationship:	Name:	Relationship:
Name:	Relationship:	Name:	Relationship:

### Section 3: Itemization (List) of Unauthorized Purchase

Check here if you are disputing the entire balance ☐

	Date	Amount	Store number/any available details		Date	Amount	Store number/any available details
1				6			
2				7			
3				8			
4				9			
5				10			

### Section 4: Details of Fraud Claim

Check ALL boxes that apply

Card location:	In my possession <input type="checkbox"/>	Never applied <input type="checkbox"/>	Not received <input type="checkbox"/>
Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>	Left in Store <input type="checkbox"/>	Internet Order <input type="checkbox"/>
Other <input type="checkbox"/>	Explain _____		
When was the card lost or stolen?		Date: _____	Time: _____
When was card last used / seen?		Date: _____	Time: _____
Have you experienced unauthorized charges on your account previously?			
No <input type="checkbox"/>			
Yes <input type="checkbox"/> When? _____			

### Section 5: Police Report

Check the box that applies

A police report was not filed ☐

A police report was filed: ☐

Date Report Filed: \_\_\_\_\_ Time: \_\_\_\_\_

Precinct: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Report Number: \_\_\_\_\_ Officer Name: \_\_\_\_\_

If a police report was filed, please include a copy when you return this form.

### Section 6: Details of Possible Suspect

Check the box that applies

I do **NOT** know who may have opened/used my account. ☐

I **DO** know who may have opened/used my account. ☐

Who may have opened or used your account?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Would you be willing to assist with the prosecution proceedings?

(Please read statement below) No ☐ Yes ☐

Please describe the circumstances leading to your fraud claim.

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I / we understand that Macy's Credit and Customer Services Fraud Department investigates alleged fraudulent or unauthorized credit card usage and may refer the same to the appropriate law enforcement agency. I / we may be asked to cooperate in the prosecution of any individuals charged with fraudulent or unauthorized use of this account, and if asked to do so, I / we will consider doing so at that time. This information is given voluntarily and for the purposes of establishing that the account and / or merchandise was obtained under false pretenses. The statement provided on this form and / or additional pages provided by me / us are the truth as I / we know it to be. Below are the signatures, of all authorized users of this account, affirming the above. (If additional space is needed for signatures, please use another sheet of paper.)

\_\_\_\_\_  
Signature of Cardholder / Victim

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (relationship to cardholder / victim)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (relationship to cardholder / victim)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (relationship to cardholder / victim)

\_\_\_\_\_  
Date

A false declaration to a federally insured financial institution may be a violation of Federal and/or State law. **Please return form with two copies of your id (Examples: drivers license, state issued id, passport, notarized signature) to the address or fax number listed on top of the front page of this form.**

Authorization to Release Information

I, \_\_\_\_\_ authorize Macy's to release account information to  
\_\_\_\_\_ for the investigation of my identity theft claim.

Customer Signature \_\_\_\_\_

Today's date \_\_\_\_\_